

www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	716000001		CITYOR	TOWN DURLING	JION
APPLICATION FOR I	RENEWAL:	Annual		LICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: (	CHENG'S WOK, INC	C.			
DOING BUSINESS A	SWEET GINGER				
ADDRESS 00184R C	AMBRIDGE ST.				
CITY/TOWN: BURL	INGTON	STATE: MA	ZIP CO	ODE: 01803	
MANAGER: CHENG	G, MEI LING TYPE	OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISES	S:			
DINING ROOM SPLI					
FRONT DOUBLE DO REAR WITH THREE		CES AND I WO	SINGLE FR	CONT DOORS; KIT	CHEN IN
I hereby certify and swe	ear under penalties of	perjury that:			
1. the renewed	l license will be of the	same type for the	same premi	ises now licensed;	
2. the licensee	has complied with al	l laws of the Com	monwealth r	elating to taxes; and	
3. the premises	s are now open for bu	siness (If not expl	ain below)		
SIGNED BY					
	Individual, Partner or	Authorized Corp	orate Officei		
DATE.					
DATE:	TELEPHONE 1	NUMBER:		MPLOYER IDENTIFICATION INDEXT INDIVIDUAL SOCIAL SECTION OF THE PROPERTY OF THE	
			(1,000.	individual Social	Security (valider)
We the undersigned,					
Acts of 2004, signed by named license and (2)					
of 2010.	the certificate of he	luoi nuomity mst	rance requ	neu by Chapter 11	o of the rets
Please Check Below:			LOCAL	LICENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)				
			-		
DATE.			-		
DATE:					



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 016000003		CITY OR TOWN	BURLING	ΓΟΝ
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: BURTON'S GILL O	OF BURLINGTON I	LC		
DOING BUSINESS A BURTON'S GRIL	L			
ADDRESS 43 MIDDLESEX TURNPIKE				
CITY/TOWN: BURLINGTON	STATE: MA	ZIP CODE:	01803	
MANAGER: HERRERA, DENISETYP	E OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMIS 240 SEATING (INTERIOIR AND OUTS I hereby certify and swear under penalties 1. the renewed license will be of the complex of the licensee has complied with the complex of the premises are now open for the significant of the signif	ES: SIDE PATIO SEATE of perjury that: he same type for the all laws of the Comm	same premises now nonwealth relating to in below)	licensed;	RANT
DATE: TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
We the undersigned, attest that we are a Acts of 2004, signed by the building inspared license and (2) the certificate of 2010.	pector and the head	of the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



www.mass.gov/abcc

LICENSE NUM	MBER: 016000006		CITY OR TOWN	BURLINGTON
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: LEGAL SEA	FOODS, LLC		
DOING BUSIN	NESS A LEGAL SE	A FOODS		
ADDRESS 113	1 BURLINGTON M	IALL		
CITY/TOWN:	BURLINGTON	STATE: MA	ZIP CODE:	01803
MANAGER:	TREST, GRANT	TYPE OF LICENSE:	destaurant C.	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	EMISES:		
ENTRANCE A	ND EXIT TO PARE	EL, 1 DINING RM,KIT KING LOT, KITCHEN E O FIRE LANE. AT REA	EGRESS FR OM DIN	
I hereby certify	and swear under per	nalties of perjury that:		
1. the r	enewed license will	be of the same type for the	ne same premises now	licensed;
2. the la	icensee has complied	d with all laws of the Cor	nmonwealth relating t	o taxes; and
3. the p	premises are now ope	en for business (If not exp	plain below)	
SIGNED BY				
	Individual, P	artner or Authorized Cor	porate Officer	
DATE:			EMBI OVE	D IDENTIFICATION NUMBER.
DITTE.	TELEP	PHONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
			·	• /
<b>Acts of 2004, s</b>	signed by the buildi	ng inspector and the he	ad of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belov	<u>w:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				
•				



www.mass.gov/abcc

LICENSE NUMBER:	016000009		CITY OR TOWN	BURLINGTON
APPLICATION FOR I	RENEWAL:	Annual	LICENSI	ED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	BURLINGTON HO	TEL LLC		
DOING BUSINESS A	BOSTON BURLIN	GTON MARRIO	T HOTEL	
ADDRESS BURLINT	ON MALLL ROAD			
CITY/TOWN: BURL	INGTON	STATE: MA	ZIP CODE:	01803
MANAGER: HERBI L.	ERT, JAMES TYPE	OF LICENSE: Inn	holder CAT	ΓEGORY: All Alcohol
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LI	CENSED PREMISE	ES:		
ENTRANCE AND EX facility will have 116 d tower and one floor in	ining room seats, 13	seats at food count	er/waiting area, total 1	
I hereby certify and sw	ear under penalties o	of perjury that:		
1. the renewed	l license will be of th	e same type for the	same premises now li	censed;
	-		monwealth relating to	taxes; and
3. the premise	s are now open for b	usiness (If not expl	ain below)	
SIGNED BY	Individual, Partner o	or Authorized Corne	orate Officer	
	individual, i artifer o	Tradionized Corp.		
DATE:	TELEPHONE	NIIMBER:	EMPLOYER II	DENTIFICATION NUMBER:
	TEELITOILE	TVOWIDER.	(Note: NOT Indiv	idual Social Security Number)
Acts of 2004, signed l	y the building insp	ector and the head	l of the fire departme	by Chapter 304 of the ent for the above hapter 116 of the Acts
Please Check Below:			LOCAL LICENSIN	NG AUTHORITY
APPROVED:	_		By:	
DISAPPROVED:				
(If disapproved explain	1)		<del></del>	
DATE:				



www.mass.gov/abcc

LICENSE NUM	MBER: 016000010		CITY OR TOWN	BURLINGTON
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
DOING BUSIN	AME: CAFE ESCADI NESS A CAMBRIDGE ST.	RILLE INC.		
	BURLINGTON	STATE: M	A ZIP CODE:	01803
	POIRIER, SUSAN			ATEGORY: All Alcohol
EMAIL ADDR	,			
LWAIL ADDI		JR WEBSITE AND ENTER YOU	JR EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PRE			
2 STORY BLD FUNCTION RO	G, MAIN FLOOR WI	TH DINING ROOM NG CAPACITY OF 4	WITH SEATS FOR 30 16, SUB- BASEMENT io	
I hereby certify	and swear under penal	ties of perjury that:		
1. the 1	enewed license will be	of the same type for	the same premises now	licensed;
2. the l	icensee has complied v	with all laws of the Co	ommonwealth relating to	o taxes; and
3. the j	premises are now open	for business (If not e	xplain below)	
SIGNED BY	Individual, Par	tner or Authorized Co	orporate Officer	
DATE:	TELEPH	ONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004, s	signed by the building	g inspector and the h	ead of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belo	<u>w:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 uisappioved	слріані)			
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED I	BY LICENSEES DURING TE	IE MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16A)



www.mass.gov/abcc

LICENSE NUMBER	R: 016000011		CITY OR TOWN BURI	LINGTON
APPLICATION FOI	R RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
DOING BUSINESS	A OUTBACK STE	AKHOUSE OF FLORI CAKHOUSE	DA, LLC	
ADDRESS 34 CAM	BRIDGE ST.			
CITY/TOWN: BUI	RLINGTON	STATE: MA	ZIP CODE: 0180	3
MANAGER: PAN H	CHOLI,RAJES TY	PE OF LICENSE: Res	taurant CATEGO	ORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMI	SES:		
ONE FLOOR REST	AURANT WITH D	IVIDED AREAS ON	SAME FLOOR; APPROX	7080 SQ FT
I hereby certify and s	swear under penaltie	s of perjury that:		
1. the renew	red license will be of	the same type for the	same premises now license	d;
2. the licens	ee has complied with	n all laws of the Comn	nonwealth relating to taxes;	and
3. the premi	ses are now open for	business (If not expla	in below)	
SIGNED BY	Individual, Partne	r or Authorized Corpo	rate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTI (Note: NOT Individual S	FICATION NUMBER: ocial Security Number)
Acts of 2004, signed	d by the building in	spector and the head	e certificate required by C l of the fire department for rance required by Chapte	r the above
Please Check Below:			LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	ain)			
DATE:				
APPLICATION FOR RENEV	WAL MUST BE FILED BY I	LICENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch.	138 \$ 16A)



www.mass.gov/abcc

LICENSE NU	MBER: 016000012		CITY OR TOWN BURLIN	NOTON	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS		YEAR	
LICENSEE N.	AME: BURLINGTON	COUNTRY CLUB IN	VC. THE		
DOING BUSI	NESS A				
ADDRESS 1	COUNTRY CLUB LAN	NE			
CITY/TOWN:	BURLINGTON	STATE: MA	ZIP CODE: 01803		
MANAGER:	CORRAO, J. RONALD	ΓΥΡΕ OF LICENSE: Cl	lub CATEGORY	Y: All Alcohol	
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTIO	N OF LICENSED PRE	MISES:			
2 STORY BRI	ICK STRUCTURE ,2 M	IAIN ROOMS ON EAG	CH FLR		
I hereby certify	y and swear under penal	ties of perjury that:			
1. the	renewed license will be	of the same type for the	e same premises now licensed;		
2. the	licensee has complied v	vith all laws of the Com	nmonwealth relating to taxes; an	d	
3. the	premises are now open	for business (If not exp	lain below)		
SIGNED BY	Individual, Part	tner or Authorized Corp	porate Officer		
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social		
Acts of 2004,	signed by the building	ginspector and the hea	he certificate required by Cha ad of the fire department for t urance required by Chapter 1	he above	
Please Check Bel	ow:		LOCAL LICENSING AUT	HORITY	
APPROVED:			By:		
DISAPPROVI					
(If disapproved	a explain)				
DATE:					
	DENEMAL MOTOR PERSON	W LIGHIGHER NUMBER	MONTH OF NOVEMBER 24 CV CV 122	0.164)	
APPLICATION FOR	K KENEWAL MUST BE FILED I	31 LICENSEES DUKING THE I	MONTH OF NOVEMBER (M.G.L. Ch. 138	\$ 10A)	



www.mass.gov/abcc

LICENSE NUM	BER: 016000013		CITY OR TOWN BU	JRLINGTON
APPLICATION	FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
DOING BUSINE		OHN HENDERSON POS	T #7423 VFW U.S.INC	
CITY/TOWN:		STATE: MA	ZIP CODE: 0	1803
MANAGER: K		TYPE OF LICENSE: V		GORY: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT	FOUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED P	REMISES:		
2 FLOORS,2 RC DOORS	OOMS EACH FLO	OOR,WITH FULL CELLA	AR,ONE FRONT DOOR A	AND TWO REAR
I hereby certify a	and swear under pe	nalties of perjury that:		
1. the re	newed license will	be of the same type for the	ne same premises now lice	nsed;
2. the lie	censee has complie	ed with all laws of the Con	nmonwealth relating to tax	xes; and
3. the pr	remises are now op	en for business (If not exp	plain below)	
SIGNED BY	Individual, F	Partner or Authorized Cor	porate Officer	
DATE:	TELE	PHONE NUMBER:		NTIFICATION NUMBER:
Acts of 2004, sig	gned by the build	we are in possession (1) ting inspector and the he cate of liquor liability ins	ad of the fire departmen	t for the above
Please Check Below	<u>:</u>		LOCAL LICENSING	G AUTHORITY
APPROVED:			By:	
DISAPPROVED (If disapproved e				
(11 disappioved e	Apiani)			
DATE:				
APPLICATION FOR R	ENEWAL MUST BE FILI	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L.	Ch. 138 \$ 16A)



www.mass.gov/abcc

LICENSE NU	MBER: 016000014	•	LITY OR TOWN BURLING	JION	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS		YEAR	
LICENSEE N.	AME: BURLINGTON	FORTY-NINERS INC.			
DOING BUSI	NESS A				
ADDRESS 8 1	BLANCHARD ROAD				
CITY/TOWN:	BURLINGTON	STATE: MA	ZIP CODE: 01803		
MANAGER:	CERULLO, ANTHONY	ΓΥΡΕ OF LICENSE: Club	CATEGORY	All Alcohol	
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EMA	IL ADDRESS		
DESCRIPTIO	N OF LICENSED PRE	MISES:			
3000 SQ FT L	EASE SPACE				
I hereby certify	y and swear under penal	ties of perjury that:			
1. the	renewed license will be	of the same type for the s	ame premises now licensed;		
2. the	licensee has complied v	vith all laws of the Commo	onwealth relating to taxes; and		
3. the	premises are now open	for business (If not explain	n below)		
DATE:		ener or Authorized Corpora		TOWNER	
DATE.	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: <b>NOT</b> Individual Social		
Acts of 2004,	signed by the building	inspector and the head	certificate required by Chap of the fire department for th ance required by Chapter 11	e above	
Please Check Bel			LOCAL LICENSING AUTH	IORITY	
APPROVED:			By:		
DISAPPROVI					
(If disapproved	ı explain)		-		
DATE:					
	DENTENTAL A GRAND	NA A VOETA PARTE OF THE STATE O	WIN OF MOVEMENT 21 21 21 21		
APPLICATION FOR	K KENEWAL MUST BE FILED F	3Y LICENSEES DURING THE MOI	NTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)	



www.mass.gov/abcc

LICENSE NU	MBER: 016000015		CITY OR TOWN	BURLINGTON
APPLICATIO	N FOR RENEWAL	: Annual	LICENSE	D FOR 2013
		CLASS		YEAR
LICENSEE N.	AME: Pepper Dini	ng, Inc		
DOING BUSI	NESS A CHILI'S G	RILL & BAR		
ADDRESS 10	8 MIDDLESEX TR	NPKE		
CITY/TOWN:	BURLINGTON	STATE: MA	A ZIP CODE:	01803
MANAGER:	CRONIN, MICHAEL	TYPE OF LICENSE:	Restaurant CAT	EGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
FIEST FLOOF	R, 4 DINING ROOM	MS AREAS 1 LOUNGE	BAR AREA.	
I hereby certify	y and swear under pe	enalties of perjury that:		
1. the	renewed license wil	l be of the same type for t	the same premises now lic	censed;
2. the	licensee has complie	ed with all laws of the Co	mmonwealth relating to ta	axes; and
3. the	premises are now of	en for business (If not ex	plain below)	
SIGNED BY	Individual, l	Partner or Authorized Con	rporate Officer	
DATE:	TELE	PHONE NUMBER:		DENTIFICATION NUMBER: dual Social Security Number)
Acts of 2004,	signed by the build	we are in possession (1) ling inspector and the ho cate of liquor liability in	ead of the fire departme	nt for the above
Please Check Bel	ow:		LOCAL LICENSIN	IG AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)			
DATE:			<del>-</del>	<u> </u>
APPLICATION FOR	R RENEWAL MUST BE FIL	ED BY LICENSEES DURING THE	E MONTH OF NOVEMBER (M.G.)	L. Ch. 138 \$ 16A)



www.mass.gov/abcc

LICENSE NUMBER: 0160000	J16	CITY OR TOWN BURLINGTON
APPLICATION FOR RENEW	VAL: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: PAPA F	RAZI TRATTORIA OF BURLI	NGTON INC.
DOING BUSINESS A PAPA	RAZZI	
ADDRESS 2 WALL STREET		
CITY/TOWN: BURLINGTO	ON STATE: MA	ZIP CODE: 01803
MANAGER: ABBOTT, RICHARD	TYPE OF LICENSE: Re	staurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS
DESCRIPTION OF LICENSE	ED PREMISES:	
OF APPROX 4000 SQ FT. BO	OTH FLOORS HAVE KITCHE	EGRESS. SECOND FLOOR CONSISTS IN AND RESTROOMS. THE SECOND LEA AS PERMITTED BY WEATHER
I hereby certify and swear und	er penalties of perjury that:	
1. the renewed license	e will be of the same type for the	same premises now licensed;
2. the licensee has con	nplied with all laws of the Com	monwealth relating to taxes; and
3. the premises are no	w open for business (If not expl	ain below)
SIGNED BY Individe	ual, Partner or Authorized Corpo	orate Officer
DATE: T	ELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the b	ouilding inspector and the head	the certificate required by Chapter 304 of the d of the fire department for the above arance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICENSING AUTHORITY By:
(If disapproved explain)		
-		
DATE:		



www.mass.gov/abcc

LICENSE NUMBER	1:016000017		CITY OR TO	WN BURLING	iTON
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	IA URBAN HO	TELS BURLINGTO	N TRS,L.L.C.		
DOING BUSINESS	A HILTON GAR	DEN INN BURLING	GTON		
ADDRESS 5 WHEE	LER ROAD				
CITY/TOWN: BUR	RLINGTON	STATE: MA	A ZIP COD	E: 01803	
MANAGER: TOW MICI	TLE, T HAEL F.	YPE OF LICENSE:	nnholder	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUF	WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	MISES:			
4 STORY INN WITH 4TH FLRS. BEVER ROOM SERVICE)					
I hereby certify and s	wear under penalt	ies of perjury that:			
1. the renew	ed license will be	of the same type for t	he same premises	s now licensed;	
2. the license	ee has complied w	ith all laws of the Co	mmonwealth rela	ting to taxes; and	
3. the premis	ses are now open f	for business (If not ex	plain below)		
SIGNED BY	Individual Parts	ner or Authorized Con	rnorate Officer		
	marviduai, i arti	ici of Addiofized Co.	iporate Officer		
DATE:	TEI EDUC	ONE NUMBER:	EMPI	OYER IDENTIFICA	TION NUMBER:
	TELEFIC	ONE NUMBER.		<b><u>OT</u></b> Individual Social S	
Acts of 2004, signed	by the building	are in possession (1) inspector and the ho of liquor liability in	ead of the fire de	epartment for the	e above
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
DATE:					



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 016000019		CIT	TY OR TOWN	BURLING	TON	
APPLICATION FO	R RENEWAL:	Annual		LICEN	ISED FOR 20	013	
		CLASS				YEAR	
LICENSEE NAME:	MILLICAN-MACI	KENZIE POST #	‡273 INC	DEPT.MA.A	L.		
DOING BUSINESS	A AMERICAN LEG	GION					
ADDRESS 162 WI	NN ST.						
CITY/TOWN: BU	RLINGTON	STATE: N	ΜA	ZIP CODE:	01803		
	NEY, TYF LTER P. JR.	PE OF LICENSE	E:Club	C	ATEGORY:	All Alcohol	
EMAIL ADDRESS:							
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YO	OUR EMAIL A	ADDRESS		_	
	DESCRIPTION OF LICENSED PREMISES:						
	MS LOWER LEVEL		PER LEV	EL			
•	swear under penalties wed license will be of		r tha cam	a nramicae nau	Licancado		
	see has complied with	• •		-			
	ises are now open for			_	o taxes, and		
	1						
SIGNED BY							
	Individual, Partner	or Authorized C	Corporate	Officer			
	Individual, Partner	or Authorized C	Corporate	Officer			
	Individual, Partner	or Authorized C	Corporate	Officer			
DATE:		or Authorized C	Corporate		R IDENTIFICAT	TON NUMBER:	
			Corporate	EMPLOYE		TION NUMBER: decurity Number)	
DATE:  We the undersigne Acts of 2004, signe		E NUMBER: in possession (1 spector and the	l) the cer head of t	EMPLOYE (Note: <u>NOT</u> In	dividual Social S red by Chapt ment for the	er 304 of the above	
DATE:  We the undersigne Acts of 2004, signe named license and	TELEPHONed, attest that we are	E NUMBER: in possession (1 spector and the	l) the cer head of t insuranc	EMPLOYE (Note: <u>NOT</u> In	ed by Chapt ment for the Chapter 116	er 304 of the above of the Acts	
DATE:  We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below: APPROVED:	TELEPHONed, attest that we are	E NUMBER: in possession (1 spector and the	l) the cer head of t insuranc	EMPLOYE (Note: NOT In rtificate required the fire departer required by	ed by Chapt ment for the Chapter 116	er 304 of the above of the Acts	
DATE:  We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	TELEPHONed, attest that we are d by the building ins (2) the certificate of	E NUMBER: in possession (1 spector and the	l) the cer head of t insurance	EMPLOYE (Note: NOT In rtificate required the fire departer required by	ed by Chapt ment for the Chapter 116	er 304 of the above of the Acts	
DATE:  We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below: APPROVED:	TELEPHONed, attest that we are d by the building ins (2) the certificate of	E NUMBER: in possession (1 spector and the	l) the cer head of t insurance	EMPLOYE (Note: NOT In rtificate required the fire departer required by	ed by Chapt ment for the Chapter 116	er 304 of the above of the Acts	
DATE:  We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	TELEPHONed, attest that we are d by the building ins (2) the certificate of	E NUMBER: in possession (1 spector and the	l) the cer head of t insurance	EMPLOYE (Note: NOT In rtificate required the fire departer required by	ed by Chapt ment for the Chapter 116	er 304 of the above of the Acts	



www.mass.gov/abcc

LICENSE NUMBER: 016	0000020		CITY OR TOWN	DUKLING	TON
APPLICATION FOR REI	NEWAL:	Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: UN	O RESTAURANT	S, LLC			
DOING BUSINESS A U	NO CHICAGO GR	ILL			
ADDRESS BURLINGTO	N MALL STORE	L-1			
CITY/TOWN: BURLING	GTON	STATE: MA	ZIP CODE:	01803	
MANAGER: DONEGA	N, TIM TYPE (	OF LICENSE: Res	taurant (	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASI	E ALSO VISIT OUR WEBSIT	TE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF LICE	NSED PREMISES	:			
ONE LEVEL MULTI SE	CTION DINING A	REA WITH FOO	OD COUNTER &	CAFÉ SERVI	ICE
SEATING AND RAISED					
PLATFORM AND TOTA					
PATIO.190 SEAT FULL SEATING	SEKVICE KESTA	UKANI WIIHF	OOD COUNTER	AND CAFE S	SEKVICE
I hereby certify and swear	under penalties of	periury that:			
•	cense will be of the		same premises nov	w licensed:	
	s complied with all	• •			
	re now open for bus		•	to taxes, and	
3. the premises at	e now open for ous	mess (ii not expit	un ociow)		
SIGNED BY	ividual, Partner or A	Authorized Corpo	rata Officar		
mu	ividual, I artifer of a	Addiorized Corpo	rate Officer		
DATE:	TELEDIJONE N	HIMDED.	FMPI OYE	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
21121	TELEPHONE N	UMBEK:			Security Number)
			( · · · · · <u>- · · · · · · · · · · · · · </u>	nar radar Boerar s	security Trainiocity
We the undersigned, att	est that we are in	possession (1) the	e certificate requi	red by Chapt	ter 304 of the
Acts of 2004, signed by t					
named license and (2) the of 2010.	ne certificate of liq	uor liability insu	rance required by	y Chapter 110	6 of the Acts
01 2010.					
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
			-		
DATE:					



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	K: 016000021		CITY OR TOWN BURL	INGTON
APPLICATION FO	R RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
	STATE RD LIQUORS A BUSA LIQUORS			
ADDRESS 180 CAI	MBRIDGE ST			
CITY/TOWN: BU	RLINGTON	STATE: MA	ZIP CODE: 01803	3
MANAGER: BUS JR.	A, DANIEL P. TYI	PE OF LICENSE:Pa	ckage Store CATEGO	RY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR F	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	SES:		
ONE FLOOR, FROM	NT AND REAR ENT	TRANCES, NO BAS	EMENT	
	ises are now open for			and
	marviduai, i armoi	of Humorized Corp	orace officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFE (Note: NOT Individual Sc	
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICENSING AU By:	JTHORITY
(If disapproved expl	ain)			
DATE:				



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 016000022		CITY OR TOWN BURLIN	GION
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: W & N ENTER			
ADDRESS 28	6 CAMBRIDGE STREE	ET		
CITY/TOWN:	: BURLINGTON	STATE: MA	ZIP CODE: 01803	
MANAGER:	TOULOPOULOS, T NICHOLAS S.	YPE OF LICENSE: Pac	ckage Store CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREM	MISES:		
FRONT ANI	O REAR EXITS,STORA	GE AREA, MAIN SEI	LING FLOOR APPROX.6,000	) SQ. FT.
	premises are now open f			1
	,	·		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Please Check Belo APPROVED: DISAPPROVI			LOCAL LICENSING AUTI By:	HORITY
(If disapproved				
DATE:				



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 01	.6000023		C.	ITY OR TOV	WN BURLIN	IGION
APPLICATION FOR RI	ENEWAL:	Annu	al	LIC	CENSED FOR	2013
		CLAS	SS			YEAR
LICENSEE NAME: M DOING BUSINESS A			ITS			
ADDRESS 43 MIDDLE	ESEX TURNPIKE,U	JNIT #40				
CITY/TOWN: BURLIN	NGTON	STATE:	MA	ZIP CODE	01803	
MANAGER: NUON,	VISOTH TYPE (	OF LICEN	SE:Packa	ge Store	CATEGORY	Y: All Alcohol
EMAIL ADDRESS:						
PLEA	ASE ALSO VISIT OUR WEBSI	TE AND ENTER	YOUR EMAII	ADDRESS		
DESCRIPTION OF LIC	ENSED PREMISES	:				
ENTRANCE AND EXI DELIVERY AND EME SEPARATING FRONT	RGENCY EXIT ON	REAR WA				
I hereby certify and swea	ar under penalties of	perjury tha	t:			
1. the renewed l	icense will be of the	same type	for the sai	ne premises	now licensed;	
2. the licensee h	as complied with all	laws of the	Commor	wealth relati	ng to taxes; an	d
3. the premises	are now open for bus	siness (If no	ot explain	below)		
SIGNED BY	ndividual, Partner or	Authorized	Corporat	e Officer		
DATE:	TELEPHONE N	II IMRFR.		EMPLO	YER IDENTIFIC	ATION NUMBER:
	TEELI HONE I	CWIDER.		(Note: <b>NO</b> ')	Individual Socia	al Security Number)
Please Check Below:			]	LOCAL LIC	ENSING AUT	HORITY
APPROVED:			,	Ву:		
DISAPPROVED:						
(If disapproved explain)						
DATE:						



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	016000025		CITY OR TOWN BURLI	NGTON
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOI	R 2013
		CLASS		YEAR
LICENSEE NAME:	WEGMANS MAS	SACHUSETTS, INC		
DOING BUSINESS A	WOODWARDS	PACKAGE GOODS	STORE	
ADDRESS 85 WILMI	NGTON ROAD (	62) plaza unit #5		
CITY/TOWN: BURL	INGTON	STATE: MA	ZIP CODE: 01803	
MANAGER: RUSSI	ELL, KEVIN TY	PE OF LICENSE: Pac	kage Store CATEGOR	RY: All Alcohol
EMAIL ADDRESS:				
PI	EASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF L				
1500 SQ FT UNIT; 2 l	BATHROOMS;RE	EAR EXIT ;FRONT E	NTRANCE	
I hereby certify and sw	ear under penalties	s of perjury that:		
1. the renewed	l license will be of	the same type for the	same premises now licensed	;
2. the licensee	has complied with	n all laws of the Comm	nonwealth relating to taxes; a	and
3. the premise	s are now open for	business (If not expla	in below)	
SIGNED BY				
	Individual, Partner	r or Authorized Corpo	rate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIF	
			(Note: <u>NOT</u> Individual Soc	cial Security Number)
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:	7		By:	
DISAPPROVED:				
(If disapproved explain	1)			
DATE:				



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUN	IBER: 016000027		CITY OR TOWN BURLIN	NGTON
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	ME: BURLINGTON PA	CKAGE LIQUORS	, INC.	
DOING BUSIN	TESS A THE LIQUOR CA	BINET		
ADDRESS 34A	WINN ST			
CITY/TOWN:	BURLINGTON	STATE: MA	ZIP CODE: 01803	
	NORDEN, DAVID TYPI H.	E OF LICENSE: Pac	ckage Store CATEGOR	Y: All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR EN	MAIL ADDRESS	
	OF LICENSED PREMISI			
			ICES AND A STORAGE BAS	SEMENT
	and swear under penalties of			
1. the re	enewed license will be of the	ne same type for the	same premises now licensed;	
2. the li	icensee has complied with a	all laws of the Comm	nonwealth relating to taxes; an	d
3. the p	premises are now open for b	ousiness (If not expla	ain below)	
SIGNED BY				
	Individual, Partner of	or Authorized Corpo	orate Officer	
DATE:				
DATE.	TELEPHONE	NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
			(1991) <u>1992</u> Maryidaan Book	ar security Trainiser)
Please Check Below APPROVED:	<u>w:</u>		LOCAL LICENSING AUT	HORITY
DISAPPROVE	D:		By:	
(If disapproved			-	
			-	
DATE:				



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 016000029		CITY OR TOWN	BURLINGTON
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: MAC ACQUISITI	ION LLC		
DOING BUSI	NESS A ROMANO'S MA	CARONI GRILL		
ADDRESS 50	SOUTH AVE			
CITY/TOWN:	BURLINGTON	STATE: MA	ZIP CODE:	01803
MANAGER:	SPINELLI- PROVOST, TRACI- ANN	PE OF LICENSE: Re	estaurant C	ATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
	N OF LICENSED PREMI BRICK BLDG	SES:		
	y and swear under penalties	s of neriury that:		
	renewed license will be of		a coma promicac nou	licancad:
		* *	•	
	licensee has complied with		_	to taxes; and
3. the	premises are now open for	business (If not exp.	lain below)	
SIGNED BY				
	Individual, Partne	r or Authorized Corp	orate Officer	
DATE:	TELEDIAN	IE NILIMDED.	FMPI OYFI	R IDENTIFICATION NUMBER:
	TELEPHON	NE NUMBER:		dividual Social Security Number)
Acts of 2004,	rsigned, attest that we are signed by the building in e and (2) the certificate of	spector and the hea	d of the fire depart	
Please Check Belo	ow:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)		-	
DATE:				



www.mass.gov/abcc

LICENSE NUMBER	.: 016000030		CITY OR TOWN BU	JRLINGTON
APPLICATION FOR	R RENEWAL:	Annual	LICENSEL	O FOR 2013
		CLASS		YEAR
LICENSEE NAME:	THREERACHT CO	ORP.		
DOING BUSINESS	A LEMON TREE R	ESTAURANT		
ADDRESS 211 MID	DLESEX TURNPIK	E		
CITY/TOWN: BUR	LINGTON	STATE: MA	ZIP CODE: 0	1803
	GTACHALERTTYP REERACHT	'E OF LICENSE:Re	staurant CATE	EGORY: All Alcohol
EMAIL ADDRESS:				
]	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMIS	ES:		
DINING ROOM AN BAR	D KITCHEN ON ST	REET FLOOR WIT	TH CELLAR F OR STO	RAGE, SUSHI
I hereby certify and s	wear under penalties	of perjury that:		
1. the renew	ed license will be of t	the same type for the	same premises now lice	ensed;
2. the license	e has complied with	all laws of the Com	monwealth relating to tax	xes; and
3. the premis	ses are now open for l	business (If not expl	ain below)	
SIGNED BY				
	Individual, Partner	or Authorized Corpo	orate Officer	
D A TELE				
DATE:	TELEPHONI	E NUMBER:		ENTIFICATION NUMBER:
			(Note: NOT Individu	ual Social Security Number)
Acts of 2004, signed	l by the building ins	pector and the hea	e certificate required b d of the fire departmen arance required by Cha	t for the above
Please Check Below:			LOCAL LICENSING	G AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	in)			
DATE:			-	



www.mass.gov/abcc

LICENSE NUMBER: 016000031		CITY OR TOWN BURLIN	NGTON
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: RAINFOREST CA	AFE, INC.		
DOING BUSINESS A RAINFOREST C	CAFE		
ADDRESS 1 BURLINGTON MALL			
CITY/TOWN: BURLINGTON	STATE: MA	ZIP CODE: 01803	
MANAGER: JACKSON, TY	PE OF LICENSE:Re	staurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMI	SES:		
DINING ROOM AND KITCHEN ON ST	TREET FLOOR WI	TH CELLAR FOR STORAGE	
I hereby certify and swear under penalties	s of perjury that:		
1. the renewed license will be of	the same type for the	e same premises now licensed;	
2. the licensee has complied with	all laws of the Com	monwealth relating to taxes; an	d
3. the premises are now open for	business (If not expl	ain below)	
SIGNED BY Individual, Partner	r or Authorized Corp	orate Officer	
DATE: TELEPHON	IE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the hea	d of the fire department for t	he above
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)		-	
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED BY I	ICENSEES DURING THE N	MONTH OF NOVEMBER (M.G.L. Ch. 138	\$ 16A)



www.mass.gov/abcc

LICENSE NUMBER: 016000032	•	CITY OR TOWN BURLINGTON
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: THE CHATEAU	J OF BURLINGTON IN	C.
DOING BUSINESS A THE CHATEA	AU RESTAURANT	
ADDRESS MIDDLESEX TRNPK		
CITY/TOWN: BURLINGTON	STATE: MA	ZIP CODE: 01803
MANAGER: FRUGGIERO, T GERARD	YPE OF LICENSE: Resta	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED PREM	MISES:	
APPROX 7000 SQFT DINING AREA EXIT FOR PUBLIC SIDE EXIT FOR AND WOMEN.		
2. the licensee has complied w 3. the premises are now open to SIGNED BY Individual, Parti		n below)
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	16000033		CITY OR	TOWN BURLING	J'ΓΟΝ
APPLICATION FOR R	RENEWAL:	Annual		LICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	BICKFORD'S FAN	MILY RESTAURAN	NT, INC.		
DOING BUSINESS A	BICKFORD'S GI	RILLE			
ADDRESS 6 CAMBRI	DGE ST				
CITY/TOWN: BURL	INGTON	STATE: MA	ZIP CO	DDE: 01803	
MANAGER: FOLEY	GERARD TYI	PE OF LICENSE: Re	estaurant	CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:					
PLF	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LIC	CENSED PREMIS	SES:			
1 1/2 STORY BRICK I FREEZER/REFRIGER EMERGENCY SIDE D	ATOR, ATTACH	ED SHED, ONE FR	RONT ENTR	ANCE, 1BACK DO	OOR 1
I hereby certify and swe	ear under penalties	of perjury that:			
1. the renewed	license will be of	the same type for the	e same premi	ses now licensed;	
2. the licensee	has complied with	all laws of the Com	monwealth re	elating to taxes; and	
3. the premises	are now open for	business (If not exp	lain below)		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:	EM	IPLOYER IDENTIFICA	ATION NUMBER:
			(Note:	NOT Individual Social	Security Number)
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building in	spector and the hea	d of the fire	department for th	e above
Please Check Below:			LOCAL 1	LICENSING AUTH	HORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)	)				
DATE:					



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 016000035		CITY OR TOWN	BURLINGTON
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	E: THE CHEESE	CAKE FACTORY RES	TAURANTS INC.	
DOING BUSINES	SS A THE CHEES	ECAKE FACTORY		
ADDRESS 1326 I	BURLINGTON MA	ALL		
CITY/TOWN: B	URLINGTON	STATE: MA	ZIP CODE:	01803
	INTHROP, ICHAEL J	TYPE OF LICENSE: Re	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
	OF LICENSED PRE			
FULL SERVICE (FOR OUTDOOR		RESTAURANT; 317 S	EATING CAPACIT	Y AND 76 SEATS
I hereby certify an	d swear under pena	lties of perjury that:		
		e of the same type for the	e same premises now	licensed;
		with all laws of the Com	=	
	-	for business (If not exp	_	,
SIGNED BY				
	Individual, Par	tner or Authorized Corp	orate Officer	
DATE:	TELEPH	IONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004, sign	ned by the building	g inspector and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	piain)			
DATE:				



www.mass.gov/abcc

		CITY OR TOWN	BURLING	ΓΟΝ	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13	
	CLASS		,	YEAR	
LICENSEE NAME: JOSE TEJAS,INC.					
DOING BUSINESS A BORDER CAFE					
ADDRESS 128 MIDDLESEX TURNPIKE					
CITY/TOWN: BURLINGTON	STATE: MA	ZIP CODE:	01803		
MANAGER: SCHECTER, TYPE C WILLIAM	OF LICENSE: Rest	aurant C.	ATEGORY:	All Alcohol	
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR WEBSIT	TE AND ENTER YOUR EMA	AIL ADDRESS			
DESCRIPTION OF LICENSED PREMISES:	:				
DEMOLITION OF WXISTING 7,918 SQ.FT BORDER CAFE EITH A SEATING CAPAC					
I hereby certify and swear under penalties of perjury that:					
1. the renewed license will be of the		_			
2. the licensee has complied with all		•	o taxes; and		
3. the premises are now open for busing	iness (If not explai	n below)			
GLOVED DV					
SIGNED BY Individual, Partner or A	Authorized Corpor	ate Officer			
	Authorized Corpor	ate Officer			
	Authorized Corpor	ate Officer			
Individual, Partner or A			R IDENTIFICAT	ION NUMBER:	
Individual, Partner or A					
Individual, Partner or A	UMBER: possession (1) the etor and the head	EMPLOYER (Note: <u>NOT</u> Inc certificate require of the fire depart	lividual Social So ed by Chapte ment for the	ecurity Number) er 304 of the above	
DATE: TELEPHONE N  We the undersigned, attest that we are in pacts of 2004, signed by the building inspect named license and (2) the certificate of liquof 2010.  Please Check Below:	UMBER: possession (1) the etor and the head	EMPLOYER (Note: <u>NOT</u> Inc certificate require of the fire depart	lividual Social So ed by Chapte ment for the Chapter 116	er 304 of the above of the Acts	
Individual, Partner or A  DATE: TELEPHONE N  We the undersigned, attest that we are in p Acts of 2004, signed by the building inspect named license and (2) the certificate of liqu of 2010.  Please Check Below: APPROVED:	UMBER: possession (1) the etor and the head	EMPLOYER (Note: <u>NOT</u> Inc.  certificate require of the fire departs ance required by	lividual Social So ed by Chapte ment for the Chapter 116	er 304 of the above of the Acts	
Individual, Partner or A  DATE: TELEPHONE N  We the undersigned, attest that we are in p Acts of 2004, signed by the building inspect named license and (2) the certificate of liqu of 2010.  Please Check Below: APPROVED:  DISAPPROVED:  DISAPPROVED:	UMBER: possession (1) the etor and the head	EMPLOYER (Note: NOT Inc. certificate require of the fire departs ance required by  LOCAL LICENS	lividual Social So ed by Chapte ment for the Chapter 116	er 304 of the above of the Acts	
Individual, Partner or A  DATE: TELEPHONE N  We the undersigned, attest that we are in p Acts of 2004, signed by the building inspect named license and (2) the certificate of liqu of 2010.  Please Check Below: APPROVED:	UMBER: possession (1) the etor and the head	EMPLOYER (Note: NOT Inc. certificate require of the fire departs ance required by  LOCAL LICENS	lividual Social So ed by Chapte ment for the Chapter 116	er 304 of the above of the Acts	
Individual, Partner or A  DATE: TELEPHONE N  We the undersigned, attest that we are in p Acts of 2004, signed by the building inspect named license and (2) the certificate of liqu of 2010.  Please Check Below: APPROVED:  DISAPPROVED:  DISAPPROVED:	UMBER: possession (1) the etor and the head	EMPLOYER (Note: NOT Inc. certificate require of the fire departs ance required by  LOCAL LICENS	lividual Social So ed by Chapte ment for the Chapter 116	er 304 of the above of the Acts	



www.mass.gov/abcc

LICENSE NUI	MBER: 016000037		CITY OR TOWN BURLING	iTON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	.013
		CLASS		YEAR
LICENSEE NA	AME: LESTER'S R	OADSIDE BAR-B-Q,ING	C.	
DOING BUSIN	NESS A			
ADDRESS 003	376A CAMBRIDGE	STREET		
CITY/TOWN:	BURLINGTON	STATE: MA	ZIP CODE: 01803	
MANAGER:	SHAFFER, DOUGLAS L.	TYPE OF LICENSE: Re	estaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	<u> </u>
DESCRIPTION	N OF LICENSED PI	REMISES:		
			EMENT AND OUTSIDE ENCLO OUR MEANS OF EGRESS	OSED
I hereby certify	and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for th	e same premises now licensed;	
2. the 1	licensee has complie	d with all laws of the Corr	nmonwealth relating to taxes; and	
3. the 1	premises are now op	en for business (If not exp	lain below)	
SIGNED BY				
	Individual, P	Partner or Authorized Corp	oorate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social S	Security Number)
Acts of 2004,	signed by the build	ing inspector and the hea	he certificate required by Chapt ad of the fire department for the urance required by Chapter 110	e above
Please Check Belo	<u>ow:</u>		LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i expiaiii)			
				<del></del>
DATE:				



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 016	5000038	CITY OR TOWN	BURLINGTON
APPLICATION FOR RE	NEWAL: An	nual LICEN	SED FOR 2013
	CL	ASS	YEAR
LICENSEE NAME: BU	RLINGTON HOSPITALIT	Y, LLC	
DOING BUSINESS A L	'ANDANA GRILL		
ADDRESS 86 CAMBRII	OGE ST		
CITY/TOWN: BURLIN	GTON STATE	: MA ZIP CODE:	01803
MANAGER: WALL, A	NTHONY TYPE OF LICE	ENSE: Restaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICE 7400 + square foot restaut I hereby certify and swear 1. the renewed lice 2. the licensee ha	rant consisting of 270 seats a under penalties of perjury to cense will be of the same type	INCLUDING EXTERIOR/P hat: the for the same premises now the Commonwealth relating t	licensed;
SIGNED BY	lividual, Partner or Authoriz	ed Corporate Officer	
DATE:	TELEPHONE NUMBER	Λ.	R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004, signed by	the building inspector and	on (1) the certificate requir the head of the fire depart ility insurance required by	ment for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHORITY
DATE:			



www.mass.gov/abcc

LICENSE NU	MBER: 016000039		CITY OR TOWN BURLING	GTON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N.	AME: JAI HO SAI CO	RP.		
DOING BUSI	NESS A THE MUGHA	LS		
ADDRESS 18	4 CAMBRIDGE STREE	ET		
CITY/TOWN:	BURLINGTON	STATE: MA	ZIP CODE: 01803	
MANAGER:	RANA, T DHARMESH	YPE OF LICENSE:R	estaurant CATEGORY	: Wine and Malt Regular
EMAIL ADDI	RESS:			
DESCRIPTIO	PLEASE ALSO VISIT OUR N OF LICENSED PREM	R WEBSITE AND ENTER YOUR MISES:	EMAIL ADDRESS	
1. the 2. the		of the same type for the	ne same premises now licensed; nmonwealth relating to taxes; and plain below)	I
SIGNED BY	Individual, Parti	ner or Authorized Corp	porate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004,	signed by the building	inspector and the hea	he certificate required by Chap ad of the fire department for th surance required by Chapter 1	e above
Please Check Bel- APPROVED:			LOCAL LICENSING AUTI By:	HORITY
DISAPPROVI (If disapproved				
			-	
DATE:			<del>-</del>	
APPLICATION FOR	R RENEWAL MUST BE FILED B	Y LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



www.mass.gov/abcc

LICENSE NUMBER: 0	16000040		CI	ΓY OR TOW	N BURLING	TON
APPLICATION FOR R	ENEWAL:	Annu	ıal	LIC	ENSED FOR 2	013
		CLA	SS			YEAR
LICENSEE NAME: N	YAJ BURLIN	GTON LLC				
DOING BUSINESS A	NOT YOUR A	VERAGE JOE'S	S			
ADDRESS 2 WAYSID	E RD					
CITY/TOWN: BURLI	NGTON	STATE:	MA	ZIP CODE:	01803	
MANAGER: KUSCH	, ALAN T	YPE OF LICEN	SE: Restaur	rant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
		R WEBSITE AND ENTER	R YOUR EMAIL	ADDRESS		
DESCRIPTION OF LIC 148 SEAT FULL SERV COMMONS			A PLAZA	KNOWN AS	S WAYSIDE	
2. the licensee h 3. the premises  SIGNED BY	nas complied w are now open f	of the same type with all laws of the for business (If no many or Authorized	e Common ot explain b	wealth relating		
DATE:	TELEPHO	ONE NUMBER:			YER IDENTIFICATION INDIVIDUAL SOCIAL SECTION S	
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building	inspector and tl	he head of	the fire depa	artment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				OCAL LICE	ENSING AUTH	ORITY
DATE:			_			



www.mass.gov/abcc

LICENSE NUMBER: 016000041		CITY OR TOWN BURLING	TON
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: CAPITAL GRIL	LE HOLDINGS INC.		
DOING BUSINESS A THE CAPITAL	C GRILLE		
ADDRESS WAYSIDE COMMONS, V	VAYSIDE ROAD		
CITY/TOWN: BURLINGTON	STATE: MA	ZIP CODE: 01803	
MANAGER: ICKEN, DAVID T	YPE OF LICENSE: Res	taurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	_
DESCRIPTION OF LICENSED PREM			
ONE STORY BLDG. APPROX. 8000 SEATS AT COUNTER	S/F, NOT MORE THA	N 215 SEATS, NO MORE THA	AN 12
I hereby certify and swear under penalt	es of perjury that:		
1. the renewed license will be	of the same type for the	same premises now licensed;	
2. the licensee has complied w	ith all laws of the Comm	nonwealth relating to taxes; and	
3. the premises are now open f	or business (If not expla	in below)	
SIGNED BY Individual, Partr	er or Authorized Corpo	rate Officer	
1101/10001,100	<b></b>		
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICAT	ΓΙΟΝ NUMBER:
TELETIN	THE THOMBER.	(Note: NOT Individual Social S	Security Number)
We the understand offer that we	: (1) Al-	andificate required by Chart	204 of 4h o
We the undersigned, attest that we a Acts of 2004, signed by the building			
named license and (2) the certificate of 2010.	of liquor liability insu	rance required by Chapter 116	of the Acts
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED BY	Y LICENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	6A)



www.mass.gov/abcc

LICENSE NUMBER	.: 016000042		CITY OR TOW	N BURLINGTO	DN
APPLICATION FOR	R RENEWAL:	Annual	LICE	ENSED FOR 2013	3
		CLASS		YI	EAR
LICENSEE NAME:	WAYSIDE AS	SIAN BISTRO,INC.			
DOING BUSINESS	A THE GINGE	R PAD			
ADDRESS 4 WAYS	IDE RD.				
CITY/TOWN: BUR	LINGTON	STATE: MA	ZIP CODE:	01803	
MANAGER: KO,	CHRISTINE	TYPE OF LICENSE:	Restaurant	CATEGORY: A	All Alcohol
EMAIL ADDRESS:					
j	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF I					
RESTAURANT INC EXIT AND REAR E		CHEN,DINING AREA, CAPACITY 120	TAKE OUT ENTRA	ANCE,EMERGEN	NCY
I hereby certify and s	wear under pena	alties of perjury that:			
1. the renew	ed license will b	e of the same type for t	he same premises no	ow licensed;	
2. the license	ee has complied	with all laws of the Co	mmonwealth relating	g to taxes; and	
3. the premis	ses are now open	n for business (If not ex	plain below)		
SIGNED BY	Individual Par	rtner or Authorized Co	rnorate Officer		
	marviduai, i ai	tuici of Authorized Con	iporate Officer		
DATE:	TEL EDI	IONE NUMBER	EMBI OV	YER IDENTIFICATION	N NI IMDED.
DITE.	TELEPH	HONE NUMBER:		Individual Social Secu	
		e are in possession (1) g inspector and the he			
		te of liquor liability in			
Please Check Below:			LOCAL LICE	NSING AUTHOR	ITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	.in)				
DATE:					
APPLICATION FOR RENEW	VAL MUST BE FILED	BY LICENSEES DURING THE	E MONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 16A)	



www.mass.gov/abcc

LICENSE NUM	4BER: 016000043		CITY OR TOW	N BURLING	TON
APPLICATION	N FOR RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	ME: NORDSTRO	OM, INC.			
DOING BUSIN	IESS A NORDSTR	OM BLUE STOVE			
ADDRESS 75 I	MIDDLESEX TUR	NPIKE SUITE 124			
CITY/TOWN:	BURLINGTON	STATE: MA	ZIP CODE:	01803	
	SANDERSON, RONALD	TYPE OF LICENSE: Re	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
		OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		_
	OF LICENSED PI				
STORE, 2 EME	ERGENCY EXITS	O FLOOR, WITH ENTRA AT REAR, OPEN KITCH DATING SEATING FOR	IEN WITH TWO		
I hereby certify	and swear under pe	nalties of perjury that:			
1. the r	enewed license will	be of the same type for the	e same premises no	w licensed;	
2. the 1	icensee has complie	d with all laws of the Com	monwealth relating	g to taxes; and	
3. the p	premises are now op	en for business (If not expl	lain below)		
SIGNED BY	Individual, F	Partner or Authorized Corp	orate Officer		
DATE:	TO TO		EMBI OV	ER IDENTIFICAT	FION NI IMPED.
DITTE.	TELE	PHONE NUMBER:		Individual Social S	
<b>Acts of 2004, s</b>	igned by the build	we are in possession (1) thing inspector and the hea cate of liquor liability inst	d of the fire depa	rtment for the	above
Please Check Belov	<u>w:</u>		LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)				
			-		
DATE:					



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 016000044	ŀ	CITY OR TOWN BURLING	TON
APPLICATION FOR RENEWAL	L: Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: VILLAFRA	ANCA PIZZERIA,INC		
DOING BUSINESS A PIZZERI	A VILLAFRANCA		
ADDRESS 5 CENTER STREET			
CITY/TOWN: BURLINGTON	STATE: MA	ZIP CODE: 01803	
MANAGER: SACCA,DANA	TYPE OF LICENSE: Re	estaurant CATEGORY:	Wine and Malt Cordials
EMAIL ADDRESS:			
PLEASE ALSO VI	SIT OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	_
DESCRIPTION OF LICENSED	PREMISES:		
ONE LEVEL 40 SEAT DINING SEATS),HANDICAP RAMP AN KITCHEN.		EATS,28 DINING TABLES ES,COAT AREA,PREP AREA A	ND
I hereby certify and swear under p	penalties of perjury that:		
1. the renewed license w	ill be of the same type for the	e same premises now licensed;	
2. the licensee has compl	ied with all laws of the Com	monwealth relating to taxes; and	
3. the premises are now of	open for business (If not expl	lain below)	
SIGNED BY Individual.	, Partner or Authorized Corp	orate Officer	
D 4 777			
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICAT	
		(Note: <u>NOT</u> Individual Social S	ecurity Number)
Acts of 2004, signed by the buil	lding inspector and the hea	ne certificate required by Chapt ad of the fire department for the urance required by Chapter 116	above
Please Check Below:		LOCAL LICENSING AUTHO	ORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved expiaiii)			
DATE:			



www.mass.gov/abcc

LICENSE NUMBER: 0	16000045		CITY OR TOWN	BURLING	ΓΟΝ
APPLICATION FOR R	ENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: L	IQUID LUCK LLC				
DOING BUSINESS A	CROSSROADS BEE	R & WINE			
ADDRESS 34 CAMBR	IDGE STREET				
CITY/TOWN: BURLI	NGTON	STATE: MA	ZIP CODE:	01803	
MANAGER: KANG,	KHEMARA TYPE (	OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EM	IAIL ADDRESS		-
DESCRIPTION OF LIC	CENSED PREMISES	:			
3,300 SQ FT TENANT	SPACE LOCATED	WITHIN CROSS	ROADS SHOPPING	G CENTER	
2. the licensee l	ar under penalties of plicense will be of the has complied with all are now open for bus	same type for the laws of the Comn	nonwealth relating to		
	ndividual, Partner or A	Authorized Corpo	rate Officer		
DATE:	TELEPHONE N	UMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					
APPLICATION FOR RENEWAL	MUST BE FILED BY LICEN	SEES DURING THE MO	ONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	5A)



www.mass.gov/abcc

LICENSE NU.	MBER: 016000046		CITY OR TOWN BUR	LINGTON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NA	AME: JRS RESTAUF	RANT, INC.		
DOING BUSI	NESS A TAVERN IN	THE SQUARE		
ADDRESS 1	NEW ENGLAND EXE	CUTIVE PARK		
CITY/TOWN:	BURLINGTON	STATE: MA	ZIP CODE: 0180	)3
MANAGER:	BEALS, MATTHEW	ГҮРЕ OF LICENSE:R	estaurant CATEGO	ORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRE	MISES:		
ONE STORY	BRICK BUILDING; T	WO ENTRANCES AN	ID ONE EXIT; TOTAL SQ	FEET, 10,051
I hereby certify	and swear under penal	ties of perjury that:		
1. the	renewed license will be	e of the same type for the	ne same premises now license	ed;
2. the	licensee has complied v	with all laws of the Con	nmonwealth relating to taxes	; and
3. the	premises are now open	for business (If not exp	plain below)	
SIGNED BY	Individual, Par	tner or Authorized Cor	porate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENT (Note: <u>NOT</u> Individual S	IFICATION NUMBER: Social Security Number)
Acts of 2004,	signed by the building	g inspector and the he	he certificate required by Cad of the fire department for surance required by Chapto	or the above
Please Check Belo	<u>ow:</u>		LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	i explain)			
DATE:			-	
APPLICATION FOR	R RENEWAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch.	138 \$ 16A)



www.mass.gov/abcc

LICENSE NUMBER: 0160	00047	CITY OR TOWN BURLINGTON		
APPLICATION FOR REN	TEWAL: Annual	LICENSE	D FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: GMI	RI INC			
DOING BUSINESS A SE	ASONS 52			
ADDRESS 6 WAYSIDE F	RD.			
CITY/TOWN: BURLING	STATE: MA	ZIP CODE:	01803	
MANAGER:	TYPE OF LICENSE:	Restaurant CAT	EGORY: All Alcohol	
EMAIL ADDRESS:				
PLEASE	ALSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICEN				
	PACE WITHIN AN EXISTING S OFF MAIN PARKING LOT ON		CUSTOMER	
	under penalties of perjury that:			
• •	ense will be of the same type for the	ne same premises now lic	censed;	
	complied with all laws of the Cor	•		
3. the premises are	e now open for business (If not ex	plain below)		
SIGNED BY Indi	vidual, Partner or Authorized Cor	porate Officer		
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Acts of 2004, signed by the	est that we are in possession (1) the building inspector and the head certificate of liquor liability in	ad of the fire departme	nt for the above	
Please Check Below:		LOCAL LICENSIN	LOCAL LICENSING AUTHORITY	
APPROVED:		By:	By:	
DISAPPROVED:				
(If disapproved explain)				
DATE:				
APPLICATION FOR RENEWAL MU	ST BE FILED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.	L. Ch. 138 \$ 16A)	